

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

**10/018371**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	
1	1						51					
2		1					52					
3		1					53					
4		2		1			54					
5		1		1			55					
6		1		1			56					
7		1		1			57					
8		1		1			58					
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45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL D.							TOTAL IND.					
TOTAL P.							TOTAL DEP.					
TOTAL AIMS							TOTAL CLAIMS					